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*Filed* \_\_\_\_\_

Approved \_\_\_\_\_

\_\_\_\_\_*President*

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## Certificate of Good Moral Character

To the Board of Pharmacy of the State of Delaware:

I do hereby certify upon my honor that \_\_\_\_\_ has been personally known to me for \_\_\_\_\_ years, last past; that my acquaintance with h\_\_\_\_\_ through that period has been sufficiently intimate to afford me adequate and ample opportunities to become fully informed as to h\_\_\_\_\_ moral character; that he/she is not addicted to the use of alcoholic liquors or narcotic drugs so as to render h\_\_\_\_\_ unfit to practice pharmacy; that h\_\_\_\_\_ said character has been exceptionally good throughout that period; and that I recommend h\_\_\_\_\_ without hesitation or qualification, as being in all respects touching h\_\_\_\_\_ moral character worthy to be licensed to practice pharmacy in the State of Delaware.

Signature \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

## Certificate of Graduation in Pharmacy

To be filled in and signed by the Secretary or Dean of the School or College of Pharmacy of which the applicant is a graduate.

This is to certify that \_\_\_\_\_ is a graduate of the \_\_\_\_\_  
\_\_\_\_\_ the degree of \_\_\_\_\_ having been conferred on h\_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Secretary or Dean of

(SEAL)

Date \_\_\_\_\_

Location \_\_\_\_\_

GRADES Naplex Integrated Exam _____ Jurisprudence Exam _____
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CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: WWW.DPR.DELAWARE.GOV

## Board of Pharmacy

### Application for Examination as Pharmacist

The applicant for examination as Pharmacist must be a graduate of a school or college of pharmacy accredited by the American Council on Pharmaceutical Education or, in the event that the applicant is a graduate of a foreign school, have graduated from and received the first professional undergraduate degree from a pharmacy degree program which has been approved by the Board, shall be not less than twenty-one years of age and have served an internship and externship as prescribed by the rules and regulations of the Board of Pharmacy.

**This application must be accompanied with a non-refundable, pro-rated processing fee. Please refer to the Fee Schedule at [www.dpr.delaware.gov](http://www.dpr.delaware.gov) for the correct fee.**

The applicant shall furnish written evidence from employers as to character. (See certificate on back.)

The applicant will write full and complete answers to the questions below, fill out and sign the affidavit hereunto attached, before an officer duly authorized to administer an oath.

1. Full Name of Applicant \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_
2. Address, Street and Number \_\_\_\_\_
3. City or Town, State, and Zip \_\_\_\_\_
4. Date and Place of Birth \_\_\_\_\_ Social Security No \_\_\_\_\_
5. Graduate of (Name of School or College of Pharmacy) \_\_\_\_\_
6. Date of Graduation \_\_\_\_\_
7. If a licentiate, give name of Board \_\_\_\_\_
8. Give number and date of State Board Certificate \_\_\_\_\_
9. Externship/internship Registration Number \_\_\_\_\_
10. Applicant must submit a recent photograph.
11. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction, including any offense for which you have received a pardon? Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, submit a certified copy of your criminal history record.**

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

(Sign here) \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_\_\_  
Witness my hand and seal hereunto attached.

\_\_\_\_\_  
(SEAL) (Notary Sign  
Here)